

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Facility Information**

**Facility Name:** HIL ROOT RIVER HOUSE (0009705)

**Address:** 2300 S ROOT RIVER PKWY, WEST ALLIS, WI 53227

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/01/2002

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0095765      **End Date:** 10/04/2005      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10007204    Served 10/28/2005

Deficiencies Cited

83.19(3)(f)

83.53(2)(a)

Subject Area

ACCIDENT RESULTS IN HOSPITALIZATION

DOORS EXCEPT PATIO DOORS

Compliance  
Verified

Corrected

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